STATEMENT OF ORGANIZATION		OFFICE USE ONL	
Name and Address of Committee	2. Date of this Statement	PAC	
Traits of Leadership PAC	1/29/15	5/0	15
1500 N. Market, Ste 200	3. Estimated Membership	1/30	00101
Shreveport, LA 71101-7537			
Check If:	4. Amended Statement?		<b>4</b>
New Committee Monthly Filer	YesNo	#892619 #1342	
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)			
a. Name b. Position	c. Address		
Potvick Williams Treasurer	1500 North 1 Shreveport,	Market, Suite & LA 71107	200
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)			
a. Name b. Address c. Relationship to Committee			
NA			
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)			
a. Name b. Address			
Pregions Bank 6800 Pines Road Shreveport, LA 71129			
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee			
b. Name of Candidate		c. Office Sought by the Candida	ate
	•	English Control	
9. a. Name of Person Preparing Report Angela Alexand, Legislative Sissistant			
b. Daytime Telephone (318) 676 5990		<u></u>	
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.			
This 29 day of January, 2015	<u>)                                    </u>	် စေ	Marian Ve
Signature of Committee Chairperson  (318) 676-5990  Daytime Telephone Number			
Signature of Committee Treasurer, if any	Day	rtime Telephone Number	·